COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PU4803						
	POWER OF ATTORNEY		First Names Inventor:			
			BLEDSOE			
() Declaration submitted with initial f	Complete if known: App No.: 10/600,751 Filing Date June 20, 2003 Group Art Unit: 1645					
As below named	inventor. I hereby declare that:					
My residence, post office	address and citizenship are as stated belo	ow next to my name.				
I believe I am the original, (if plural names are listed contitled:	first and sole inventor (if only one nam below) of the subject matter which is cla	e is listed below) or an original, a simed and for which a patent is so	first and joint inventor ought on the invention			
	A GLUCOCORTICOID RECEPTOR KPANDED BINDING POCKET AND	•				
the specification of which	(check only one item below):					
[]is attached hereto. OR [x] was filed on June 20.	2003 as United States application Sex	ial No. 10/600.751 or PCT Inter	mational			
 			i			
Application Number(if a	filed and applicable)	was amended on (MM/DD/YYY	Y)			
	eviewed and understand the contents of lment specifically referred to above.	the above-identified specification	n, including the claims,			
I acknowledge the duty to	disclose information which is material t	o patentability as defined in 37 (FR §1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:						
	RIORITY CLAIMS UNDER 35 U.S.C		PRIORITY			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	CLAIMED			
1.						
3.						
4.						
5.						
	tle 35, United States Code §119(e) of an		ication(s) listed below:			
Application No.		(MM/DD/YYYY)				
1. 60/390,610 2		6/21/2002				

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY C	Continued

ATTORNEY'S DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

		ION	STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inve prosecute this application and to transact all bu Customer Number 23347 and Customer Numb	siness in the Patent and Trademark er 20462	Office connected therev	vith		
Address all correspondence and telephone	calle to Cuctomer Number 23	347	Direct Telephone Ca	1115 10:	
	Cars to Customer Number 25	<u>Laide</u>	-	n 0 1	
David J. Levy Corporate Intellectual Property GlaxoSmithKline	cans to customer frames 25			P. Grassler 483–2482	

	1		FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	PAMILY NAME		*****
2	OF INVENTOR	BLEDSOE	Randy	K
	INVENTOR'S	Signarurs/		Date:
i	SIGNATURE	Kand K Blocker		7-24-03
o	RESIDENCE &	CTTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CHIZZENSHIP
ł	CITIZENSHIP	Durham	NC	US
i .	POST OFFICE	POST OFFICE ADDRESS	CUA	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	Н
_	INVENTOR'S	Signature		Dares
l	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC_US	US
1	POST OFFICE	POST OFFICE ADDRESS	CTTY	STATE & ZU CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	ļ	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	First Civen name	SECOND GIVEN NAME INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
}	INVENTOR'S	Signature		Date:
Ì	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREICH COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	UŚ
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & 2IP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
ļ .		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEANITIAL
2	OF INVENTOR	STEWART	Eugenc	
_	INVENTOR'S	Signature		Date:
	SIGNATURE			COLDINATION OF GENERAL COLDINA
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSED
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & 21 CODE/COUNTRY
4	ADDRESS	GlaxoSmithKJine	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEANITIAL
2	OF INVENTOR	Xu	H	Eric
	INVENTOR'S	Signature	-	Date:
	SIGNATURE			
0	RESIDENCE &	CITIY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
	1	333 Bostwick, NE	i	i

COMBINED DECLARATION	ATTORNEY'S DOCKET PU4803US						
APPLICATION WITH POV	WER (OF ATTORNEY	•	First Names Inventor:			
				BLEDSOE			
				Complete if known;			
() Declaration submitted with initial filing)r			App No.: 10/600,751			
(х) Declaration submitted after initial filing (surcharge	required 37CFR1.16(e))					
				Filing Date June 20, 2003			
				1645			
As below named invent	or. I here	eby declare that:					
My residence, post office address	s and citi	zenship are as stated belo	оw next to my name.				
I believe I am the original, first a (if plural names are listed below) entitled:							
			LIGAND BINDING DOMAIN METHODS EMPLOYING SA				
the specification of which (check	only one	e item below):					
[]is attached hereto. OR	TT:-	- J. Canara Novation Compa	5-1 NZ - 10/200 781 on D OT Today				
[x] was filed on June 20, 2003	_as Unit	ed States application Ser	ial No. <u>10/600,/51</u> of PC1 inter	mational			
Application Number(if applica	file ble)	edand	was amended on (MM/DD/YYY	Y)			
I hereby state that I have reviewe as amended by any amendment s			the above-identified specification	n, including the claims,			
I acknowledge the duty to disclo	se inform	ation which is material t	o patentability as defined in 37 C	FR §1.56.			
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PRIOR FOREIGN AND ANY PRIORI				L TOTAL TOTAL			
Prior Foreign Application Number (s)	,	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED			
1.							
3.		·	<u> </u>				
4.							
5.							
I hereby claim the benefit under Title 35,	United S			cation(s) listed below:			
Application No.			(MM/DD/YYYY)				
1. 60/390,610 06/21/2002 2.							

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKEY NUMBER PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION						
		5	STATUS (Check	one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property

GlaxoSmithKline Five Moore Drive. PO Box 13398

Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Frank P. Grassier 919-483-2482

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	ĸ
-	INVENTOR'S	Slenkfurk 4		Date:
	SIGNATURE	Kand KBlecker		7-24-03
0	RESIDENCE &	CITY V	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	crrv	STATE & ZIP CODE/COUNTRY
!	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
	_	Five Moore Drive, PO Box 13398		
,	FULL NAME	FAMILY NAME	PORST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
	INVENTOR'S	Signature		Darm
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	İ	Five Moore Drive, PO Box 13398		
	FULL NAME	PAMOLY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INTITAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signature		Date:
	_ SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIF CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		<u> </u>

Page 3 of 3

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	cmy	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	н	Eric
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
		333 Bostwick, NE	_	

OCT. 21. 2003 - 3:25PM GLAXO WELLCOME

NO. 1101 P. 7/18

COMBINED DECLAR	ATTORNEY'S DOCKET PU4803US			
APPLICATION WITH	(POWER (DF ATTORNEY	•	First Names Inventor.
() Declaration submitted with initial (x) Declaration submitted after initial	Complete if known: App No.: 10/600,751 Filing Date June 20, 2003 Group Art Unit: 1645			
As below named	l inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.	
			e is listed below) or an original, a simed and for which a patent is so	
			LIGAND BINDING DOMAIN METHODS EMPLOYING SA	■
the specification of which	ı (check only one	item below):		·
[]is attached hereto. OR [x] was filed on <u>June 20</u>), 2003 as Unite	ed States application Seri	ial No. <u>10/600,751</u> or PCT Inter	mational
Application Number (if	file applicable)	dand v	was amended on (MM/DD/YYY	Y)
I hereby stare that I have as amended by any amen			the above-identified specification	n, including the claims,
I acknowledge the duty to	o disclose inform	ation which is material t	o patentability as defined in 37 C	CFR §1.56.
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	my PCT internati d have also ident onal application l	onal application which of ified below, by checking naving a filing date before	lesignated at least one country of the box, any foreign application to that of the application on which	ther than the United a for patent or inventor's
PRIOR FOREIGN AND ANY P				VYYY GOY GG
Prior Foreign Application Number (s)		Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.				
2.				
3. 4.				
5.				- -
I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of an	y United States provisional appli	cati n(s) listed below:
Application No.			(MM/DD/YYYY)	
1. 60/390,610		00	5/21/2002	
2.				

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEYS DOCKET NUMBER PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

r PCT PARENT APPLICAT	JON	STATUS (Check	one)
Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
	Parent Filing Date	Parent Filing Date PATENTED	Parent Filing Date PATENTED PENDING

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy

Corporate Intellectual Property

GlazoSmithKline

Five Moore Drive, PO Box 13398

Frank P. Grassler 919-483-2482

Direct Telephone Calls to:

1				
	FULL NAME	FAMILY NAME	First given name	SECOND GIVEN NAME/INITIAL
1 2	OF INVENTOR	BLEDSOE	Randy	K
	INVENTOR'S	Signature		Dates
<u> </u>	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US STATE & ZIP CODE/COUNTRY
1	POST OFFICE	POST OFFICE ADDRESS	CITY	1
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	
	INVENTOR'S	Signature Mix I at I at	- ANCE	Date: August 5, 2003
	\$IGNATURE	The same		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OPPICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		<u> </u>

,	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
'	INVENTOR'S	Signature	1 Dagens	Date:
0	SIGNATURE RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & 21 CODE/COUNTRY North Carolina 27709, US
	FULL NAME	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR INVENTOR'S	Xu Signature	H	Eric Date:
0	SIGNATURE RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	rost office Address c/o Van Andel Research Institute 333 Bostwick, NE	Grand Rapids	STATE & ZIP CODE/COUNTRY Michigan 49503, US

COMBINED DECLAR	RATION FO	R UTILITY OF	R DESIGN PATENT	PU4803US
APPLICATION WITH	I POWER (OF ATTORNEY	•	First Names Inventor:
				BLEDSOE
				Complete if known:
() Dealerstien auburimed with initial	I Stine and			App No.:
() Declaration submitted with initial	ining or			10/600,751
(x) Declaration submitted after initia	il filing (surcharge i	required 37CFR1.16(c))		
				Filing Date June 20, 2003
				Group Art Unit:
				1645
				<u> </u>
As below name	d inventor. I here	by declare that:		
My residence, post office	e address and citiz	enship are as stated belo	ow next to my name.	
I believe I am the origina (if plural names are listed entitled:	l, first and sole in I below) of the su	wentor (if only one nam bject matter which is cla	e is listed below) or an original, aimed and for which a patent is s	first and joint inventor ought on the invention
			LIGAND BINDING DOMAIN METHODS EMPLOYING SA	
the specification of whic	h (check only one	item below):		
[]is attached hereto. OR				
[x] was filed on June 20	0, 2003 as Unite	ed States application Ser	ial No. 10/600,751 or PCT Inter	rnational
Application Number(if	file (applicable)	dand	was amended on (MM/DD/YYY	Y)
I hereby state that I have as amended by any amen			the above-identified specification	n, including the claims,
I acknowledge the duty t	o disclose inform	ation which is material t	to patentability as defined in 37 (CFR §1.56.
I hereby claim foreign priority bet	nefits under 35 FF	S.C. 8110 (a)_(d) or 83/	55(h) of any foreign applications	(s) for patent or
inventor's certificate or 365(a) of				
States of America, listed below ar				
certificate or of any PCT internati				:h priority is claimed:
PRIOR FOREIGN AND ANY I Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)	Ì	South y	(MM/DD/YYYY))	CLAIMED
1.				
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3.		· · · · · · · · · · · · · · · · · · ·		
4. 5.				· · · · · · · · · · · · · · · · · · ·
I hereby claim the benefit under T	Title 35. United St	ates Code §119(e) of an	v United States provisional appli	ication(s) listed below:
Application No.			(MM/DD/YYYY)	
1. 60/390,610			6/21/2002	
2.				•

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
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prosecute this application and to transact all business in the Patent and Customer Number 23347 and Customer Number 20462	Y) practitioners associated	with the Customer Nur	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the prosecute this application and to transact all business in the Patent and Customer Number 23347 and Customer Number 20462 Address all correspondence and telephone calls to Customer Number David J. Levy	practitioners associated trademark Office connect	with the Customer Nur ted therewith	mbers provided below to
		Direct Teleph	none Calls to:
Corporate Intellectual Property GlaxoSmithKline	mber <u>23347</u>	1	Frank P. Grassler 919-483-2482

	FULL NAME	YAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMEZINITIAL
2	OF INVENTOR	BLEDSOE	Randy] K
	INVENTOR'S	Signature		Dutes
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	First given name	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
	INVENTOR'S	Signature		Dates
i	SIGNATURE			
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1	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	FOST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	Glaxo\$mithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	XYRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signature	+	Date dans land
	ŞIGNATURE	Standeric M. Mo	nava	7/25/03
	RESIDENCE &	CHY	STATE OF POREIGN COUNTRY	COUNTRY OF CITEZENSHIP
	CITIZENSHIP	Durham	NC_US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
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	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CLLA	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHUP	Durham	NC_US	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILV NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	H	Eric
_	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
_	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	спу	STATE & ZJP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
-		333 Bostwick, NE		·

COMBINED DECLAR	ATION FOR UT	ILITY OR	R DESIGN PATENT	ATTORNEY'S DOCKET PU4803US
APPLICATION WITH	POWER OF AT	TORNEY		First Names Inventor:
				BLEDSOE
				Complete if known:
() Declaration submitted with initial f	iling or			App No.:
• •	_			10/600,751
(x) Declaration submitted after initial	bling (surcharge required 37	(CFR1.16(e))		Filing Date
				June 20, 2003
				Group Art Unit: 1645
				1045
As below named	inventor. I hereby declare	e that:		
My residence, post office	address and citizenship ar	c as stated belo	w next to my name.	
I believe I am the original (if plural names are listed entitled:	first and sole inventor (if below) of the subject matt	f only one name ter which is cla	e is listed below) or an original, imed and for which a patent is so	fust and joint inventor ought on the invention
			LIGAND BINDING DOMAIN METHODS EMPLOYING SA	
the specification of which	(check only one item belo	ow):		
[]is attached hereto. OR [x] was filed on June 20.	2003 as United States a	application Seri	ial No. <u>10/600,751</u> or PCT Inter	rnational
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I hereby state that I have i			the above-identified specification	n, including the claims,
I acknowledge the duty to	disclose information which	ch is material to	o patentability as defined in 37 C	CFR §1.56.
I hereby claim foreign priority ben- inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	ny PCT international appl have also identified belo nal application having a fi	ication which o w, by checking iling date befor	designated at least one country of the box, any foreign application to that of the application on which	ther than the United n for patent or inventor's
PRIOR FOREIGN AND ANY P		DER 35 U.S.C		PRIORITY
Prior Foreign Application Number (s)	Country		Foreign Filing Date (MM/DD/YYYY))	CLAIMED
1.				
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4,				
5.				
I hereby claim the benefit under Ti	tle 35, United States Code			ication(s) listed below:
Application No.			(MM/DD/YYYY)	
1. 60/390,610 2.		00	5/21/2002	

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY Continu	ıcd

ATTORNEY'S POCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filling date of the prior application(s) and the national or PCT international filling date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT			
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
			•	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

	T	FAMILY NAME	PIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME			K
2	OF INVENTOR	BLEDSOE	Randy	
1	INVENTOR'S	Signature		Dates
l .	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CITEZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		_
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
]	INVENTOR'S	Signature		Dute:
	SIGNATURE	l		
۱ ه	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	Post office address	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTAÑA	Valerie	G
Í	INVENTOR'S	Signature		Dâtes
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITYZENSHIP
	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398	<u>.</u>	

Page 3 of 3

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OP INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature 6		Pate 7/24/2003
ŀ	SIGNATURE	Engere L. Heman		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l '	CITIZENSHIP	Durham V	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRES\$	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	H	Eric
	INVENTOR'S	Signature		Date:
	SIGNATURE]	_	.l
0	RESIDENCE &	CITY	STATE OF FOREIGN COUNTRY	COUNTRY OF CITEZENSHIP
1	CITIZENSHIP	Grand Rapids	MI	US
Į.	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE 4 ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
	1	333 Bostwick, NE		l .

COMBINED DECLAR	ATION FO	R UTILITY OR	DESIGN PATENT	PU4803	Y'S DOCKET
APPLICATION WITH	POWER C	F ATTORNEY		First Name	
			•	BLEDSO)E
				Complete	e if known:
() Declaration submitted with initial	filing or			App No.:	
• •				10/600,7	51
(x) Declaration submitted after initial	filing (surcharge r	equired 37CFR1.16(e))		Filing Da	
				June 20, 20	
				Group A	rt Unit:
				1645	
As below named			avy sept to my name		
My residence, post office	address and citiz	ensnip are as stated octo	w next to my name.		
I believe I am the original (if plural names are listed entitled:	l, first and sole in below) of the su	ventor (if only one name bject matter which is cla	e is listed below) or an original, imed and for which a patent is s	first and joi ought on th	nt inventor e invention
STRUCTURE OF AN E	A GLUCOCOR XPANDED BIN	TICOID RECEPTOR DING POCKET AND	LIGAND BINDING DOMAIN METHODS EMPLOYING SA	N COMPR MŒ	ISING
the specification of which	(check only one	item below):			
[]is attached hereto. OR [v] was filed on June 20	2002 as I Inita	ed States application Series	ial No. <u>10/600,751</u> or PCT Inte	mational	
Application Number(if	applicable)	dand v	was amended on (MM/DD/YYY	Y)	
I hereby state that I have as amended by any amen			the above-identified specification	n, includin	3 the claims,
I acknowledge the duty to	disclose inform	ation which is material to	o patentability as defined in 37 (CFR §1.56.	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation PRIOR FOREIGN AND ANY P	my PCT internati d have also ident onal application l	onal application which o ified below, by checking naving a filing date befor	lesignated at least one country of the box, any foreign application to that of the application on which	ther than th n for patent	e United or inventor's
Prior Foreign Application		Country	Foreign Filing Date		PRIORITY
Number (s)			(MM/DD/YYYY))	ļ	CLAIMED
1.					
2.					
3.					
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5. I hereby claim the benefit under T	tla 25 Timitad St	tatos Coda 8110/a) of an	v United States provisional and	ication(s) I	isted below:
Application No.	ine 33, Olinien 21		(MM/DD/YYYY)	ionion(s) I	
1. 60/390,610			5/21/2002		
2.					

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S BOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

		S	STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
OWER OF ATTORNEY: As a named inventosecute this application and to transact all bustustomer Number 23347 and Customer Number	iness in the Patent and Trademark	ers associated with the C Office connected therew	Customer Numbers ith	provided below to	

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	
	INVENTOR'S	Signature		Dare:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l	CITIZENSHIP	Durham	NC	US
	POST OFFICE	Post office address	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMOLY NAME	PIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
!	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CTTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
i '	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
]		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND CXVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signature		Date:
}	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOILEIGN COUNTRY	COUNTRY OF CTITZENSHIP
	CITIZENSHIP	Durham	NC_US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

Page 3 of 3

T	FULL NAME	FAMILY NAME	FIRST GIVEN NAMO	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			COUNTRY OF CITIZENSHIP
٥	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	}	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Xu	Н	Eric
	INVENTOR'S	Signature		Dute: 8/4/03
	SIGNATURE	Signature		
٥	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIF CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
-		333 Bostwick, NE	·	

OCT. 21. 2003 3:31PM GLAXO WELLCOME

NO. 1103 P. 9/20 Page 1 of 3

COMBINED DECLAR APPLICATION WITH				ATTORNEY'S DOCKET PU4803US First Names Inventor:	
() Declaration submitted with initial	() Declaration submitted with initial filing or (x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))				
As below named	inventor. I herel	by declare that:			
My residence, post office	address and citize	enship are as stated belo	ow next to my name.		
I believe I am the original (if plural names are listed entitled:	, first and sole in below) of the sul	ventor (if only one nam oject matter which is cla	e is listed below) or an original, aimed and for which a patent is s	first and joint inventor cought on the invention	
			LIGAND BINDING DOMAI METHODS EMPLOYING SA		
the specification of which	(check only one	item below):			
[]is attached hereto. OR [x] was filed on <u>June 2</u> 0	, 2003 as Unite	d States application Ser	rial No. <u>10/600,751</u> or PCT Inte	emational	
Application Number(if	applicable)	and .	was amended on (MM/DD/YY)	(Y)	
I hereby state that I have as amended by any amen			the above-identified specification	on, including the claims,	
I acknowledge the duty to	disclose informa	ation which is material	to patentability as defined in 37	CFR §1.56.	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	my PCT internation by PCT internation in the second in the	onal application which ified below, by checkin aving a filing date befo	designated at least one country of g the box, any foreign application ore that of the application on whi	other than the United on for patent or inventor's	
PRIOR FOREIGN AND ANY P					
Prior Foreign Application Number (s)	C	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED	
1.					
2.					
3.					
5.					
I hereby claim the benefit under T	itle 35. United St	ates Code \$119(e) of a	y United States provisional app	lication(s) listed below:	
Application No.			c (MM/DD/YYYY)		
1. 60/390,610			06/21/2002		

COMBINED DECLARATION FOR UTILITY OF DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4803US

Thereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION o	r PCT PARENT APPLICAT	TON	or A TITE (Check	070)
			STATUS (Check	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inventor prosecute this application and to transact all business.	iness in the Patent and Trademark	ers associated with the Office connected therev	Customer Numbers vith	provided below to
Customer Number 23347 and Customer Number Address all correspondence and telephone of		347	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339				P. Grassler 483-2482

I				
	FULL NAME	FAM)LY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	K
·	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	спу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
'	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Rescarch Triangle Park	NC 27709 US
1	ł	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PERST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, M	Millard	Н
"	INVENTOR'S	Signature 11. J A D 4	* &C	Dases August 5, 2003
1	SIGNATURE	well & Lat	· ••	
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIF CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
—	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 2	OF INVENTOR	MONTANA	Valerie	G
I -	INVENTOR'S	Signature	***************************************	Dan:
1	SIGNATURE	1		
٥	RESIDENCE &	CITY	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Ι ΄	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398	. <u></u>	
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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugenc	
-	INVENTOR'S	Signature		Dalet
	SIGNATURE			
0	RESIDENCE &	COY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
1	POST OFFICE	POST OFFICE ADDRESS	COTY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
—	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
1 2	OF INVENTOR	Xu	H	Eric
1 -	INVENTOR'S	Signature		Dater
l .	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
!	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CLLA	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
	1	333 Bostwick, NE		

COMBINED DECLAR	ATION FO	R UTILITY OR	DESIGN PATENT	PU480	EY'S DÖCKET	
	PLICATION WITH POWER OF ATTORNEY					
				BLEDS	OE	
				Comple	to if known:	
				App No	te if known:	
() Declaration submitted with initial	filing or			10/600,		
(x) Declaration submitted after initial	filing (surcharge r	equired 37CFR1.16(e))				
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				Group A	Art Unit:	
				1645	1	
As below named				J .		
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.			
I believe I am the origina (if plural names are listed entitled:	, first and sole in below) of the su	ventor (if only one name bject matter which is cla	e is listed below) or an original, imed and for which a patent is s	first and jo ought on t	oint inventor he invention	
			LIGAND BINDING DOMAI METHODS EMPLOYING SA		RISING	
the specification of which	(check only one	item below):				
[]is attached hereto. OR						
	, 2003 as Unite	d States application Ser.	ial No. <u>10/600,751</u> or PCT Inte	mational		
Application Number(if	file	dand v	was amended on (MM/DD/YYY	Y)		
I hereby state that I have as amended by any amen			the above-identified specificatio	n, includir	ng the claims,	
I acknowledge the duty to	disclose inform	ation which is material t	o patentability as defined in 37 (CFR §1.56		
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an cerufficate or of any PCT internation	my PCT internati d have also ident onal application h	onal application which of ified below, by checking laving a filing date before	designated at least one country of the box, any foreign application to that of the application on which	ther than t n for pater	he United nt or inventor's	
PRIOR FOREIGN AND ANY P						
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED	
1.						
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5.			**		i 11 1	
I hereby claim the benefit under T	itle 35, United St			ication(s)	listed below:	
Application No.			(MM/DD/YYYY)			
1. 60/390,610		00	6/21/2002			
2.		l		L		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TION		
		STATUS (Check	ATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
	** ***			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Research Triangle Park, NC 27709-3398

Direct Telephone Calls to: Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Frank P. Grassler Corporate Intellectual Property 919-483-2482 GlaxoSmithKline Five Moore Drive, PO Box 13398

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	l ĸ
	INVENTOR'S	Signature		Date:
	SIGNATURE			. <u> </u>
٥	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
-	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
1	1	Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	PIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Lambert, III	Millard	Н
	INVENTOR'S	Signature		Dare:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
***************************************	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	G
	INVENTOR'S	Signature	/	Date: 7/25/03
	SIGNATURE	Waleric H. mo	niena	(125105
0	RESIDENCE &	COLA	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
l	CITIZENSHIP	Durham	NC US	US
i	POST OFFICE	FOST OFFICE ADDRESS	CITY TO THE PARTY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

<u> </u>	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	£ugene	<u>L</u>
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR MOREIGN COUNTRY	COUNTRY OF CITY 22 NSHIP
	CITIZENSHIP	Durham	NC US	US
l	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
2	OF INVENTOR	Xu	H	Eric
	INVENTOR'S	Signature		Dates
	SIGNATURE	<u> </u>		
0	RESIDENCE &	слү	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSIMP
1	CITIZENSHIP	Grand Rapids	MI	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
1		333 Bostwick, NE		

COMBINED DECLAR	ATION FO	R UTILITY OF	R DESIGN PATENT	ATTORNEY'S DOCKET PU4803US			
APPLICATION WITH	APPLICATION WITH POWER OF ATTORNEY First Names In						
				BLEDSOE			
				Complete if known:			
() Declaration submitted with initial	filing or			App No.:			
• •				10/600,751			
(x) Declaration submitted after initial	filing (surcharge r	equired 37CFR1.16(e))		Filing Date			
				Group Art Unit:			
				1645			
As below named	inventor. I here	by declare that:					
My residence, post office	My residence, post office address and citizenship are as stated below next to my name.						
			e is listed below) or an original, nimed and for which a patent is s				
entitled:	below) of the su	oject matter which is cla	inned and for which a patent is s	ought on the invention			
	STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME						
ANE	APANDED BIN	DING POCKET AND	METHODS ENPLOYING SA	UVAR			
the specification of which	n (check only one	item below):					
[]is attached hereto.							
OR [x] was filed on <u>June 20</u>), 2003 as Unite	ed States application Ser	ial No. <u>10/600,751</u> or PCT Inte	mational			
Application Number	file	d and	was amended on (MM/DD/YYY	Υ)			
(if	applicable)		(.,			
I hereby state that I have as amended by any amen			the above-identified specification	n, including the claims,			
as amended by any amen	unem specifican	y leferred to above.					
I acknowledge the duty to	o disclose inform	ation which is material t	o patentability as defined in 37 (JFR §1.56.			
I hereby claim foreign priority ber	rafita undar 25 II	S C 8110 (a) (d) or 836	(5/h) of any foreign applications	(e) for natent or			
inventor's certificate or 365(a) of a							
States of America, listed below an	d have also ident	ified below, by checking	the box, any foreign application	n for patent or inventor's			
certificate or of any PCT internation				h priority is claimed:			
PRIOR FOREIGN AND ANY P		Country	Foreign Filing Date	PRIORITY			
Number (s)	`	~~ ~ ~ J	(MM/DD/YYYY))	CLAIMED			
1							
1. 2.							
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I hereby claim the benefit under T	itle 35, United St			ication(s) listed below:			
Application No. 1. 60/390,610			6/21/2002				
2.		V	V,				

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4803US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inve- prosecute this application and to transact all bu- customer Number 23347 and Customer Number	siness in the Patent and Trademark			provided below to
Address all correspondence and telephone	calls to Customer Number 23	<u>347</u>	Direct Telephone Ca	alls to:
David J. Levy Corporate Intellectual Property GlaxoSmithKline				P. Grassler 483-2482
Five Moore Drive, PO Box 13398				

		· · · · · · · · · · · · · · · · · · ·		
i	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BLEDSOE	Randy	K
	INVENTOR'S	Signsture		Dates
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CDY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	LAMBERT, III	Millard	H
İ	INVENTOR'S	Signiture		Dates
}	SIGNATURE			i
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
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2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	PIRST CIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MONTANA	Valerie	l G
	INVENTOR'S	Signalere		D'vite:
	SIGNATURE			1
0	RESIDENCE &	CITY	STATE OR YORKIGN COUNTRY	COUNTRY OF CITIZENSHIP
l l	CITIZENSHIP	Durham	NC US	US
!	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & 21F CODE/COUNTRY
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		Five Moore Drive, PO Box 13398		

	FULL NAME	FANIOLY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature &		Date: 7 /2/10003
	SIGNATURE	Engere L. Heman		7/24/2003
0	RESIDENCE &	cm	STATE OR FOREIGN COUNTRY	COUNTRY OF CONZENSION
1	CITIZENSHIP	Durham ^U	NC US	UŞ
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Хu	H	Eric
l	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
I		333 Bostwick, NE		

	ATION FOR UTILITY OF ATTORNEY		ATTORNEY'S DOCKET PU4803US First Names Inventor: BLEDSOE
() Declaration submitted with initial filing or (x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Complete if known: App No.: 10/600,751 Filing Date June 20, 2003 Group Art Unit: 1645
As below named	inventor. I hereby declare that:		
My residence, post office	address and citizenship are as stated be	low next to my name.	
	l, first and sole inventor (if only one nar below) of the subject matter which is c		
	A GLUCOCORTICOID RECEPTO XPANDED BINDING POCKET ANI		
the specification of which	(check only one item below):		
[]is attached hereto. OR [x] was filed on June 20	. 2003 as United States application Se	erial No. <u>10/600,751</u> or PCT Inte	rnational
Application Number(if	applicable) and	was amended on (MM/DD/YYY	Y)
	reviewed and understand the contents o dment specifically referred to above.	f the above-identified specification	n, including the claims,
I acknowledge the duty to	o disclose information which is material	to patentability as defined in 37 (CFR §1.56.
inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	nefits under 35 U.S.C. §119 (a)-(d) or §3 ony PCT international application which d have also identified below, by checking onal application having a filing date bef RYORITY CLAIMS UNDER 35 U.S.	designated at least one country one the box, any foreign application or that of the application on which	ther than the United a for patent or inventor's
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY
Number (s)	,	(MM/DD/YYYY))	CLAIMED
1.			
2. 3.			
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	itle 35, United States Code §119(e) of a		ication(s) listed below:
Application No.		te (MM/DD/YYYY) 06/21/2002	
1. 60/390,610 2.		UU/ Z 1/ Z UU Z	

PU4803US

ATTORNEY'S DOCKEY NUMBER

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

I hereby claim the benefit under 35. U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION	7.1		
			STATUS (Check one)		
U.S. Parent Application of PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named inverpresecute this application and to transact all bus				provided below to	
Customer Number 23347 and Customer Number		Office connected there.	···		
Address all correspondence and telephone	calls to Customer Number 23:	347	Direct Telephone Ca	alls to:	
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398			Frank P. Grassler 919-483-2482		
Research Triangle Park, NC 27709-335 I hereby declare that all statements made he are believed to be true; and further that the made are punishable by fine or imprisonme the validity of the application or any patent	erein of my own knowledge are se statements were made with the ent, or both, under 18 U.S.C. 10 t issuing thereon.	e knowledge that will 11, and that such will	ful false statemen ful false statemen	its and the like so is may jeopardize	
FULL NAME FAMILY NAME	FURST GIVE	NAME	SECOND GIVEN NAME	EMNITIAL	

BLEDSOE OF INVENTOR Randy 2 INVENTOR'S SIGNATURE STATE OR POREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 0 RESIDENCE & US CITIZENSH)P Durham NC STATE & ZUP CODICCOUNTRY POST OFFICE ADDRESS POST OFFICE GlaxoSmithKline Research Triangle Park NC 27709 US ADDRESS Five Moore Drive, PO Box 13398 SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME **FULL NAME** FAMILY NAME LAMBERT, III Millard H OF INVENTOR 2 **INVENTOR'S** Signature SIGNATURE COUNTRY OF CITEZENSHIP STATE OR FOREIGN COUNTRY ٥ RESIDENCE & US Durham NC US CITIZENSHIP POST OFFICE ADDRESS ÇITY STATE & ZIP CODE/COUNTRY POST OFFICE Research Triangle Park North Carolina 27709, US 2 **ADDRESS** GlaxoSmithKline

	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	STEWART	Eugene	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	FOST OFFICE ADDRESS	стту	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	First given name	SECOND GIVEN NAMEANITIAL
2	OF INVENTOR	Xu	H	Eric
	INVENTOR'S	Signature		Dutet T/4/12
	SIGNATURE	Mush		8/4/03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Grand Rapids	MI	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
	1	333 Bostwick, NE	Î	